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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM****Application Number****Filing Date****First Named Inventor**

Guernsey

**Title**

Sprockets in a Cleanable Modul

**Art Unit****Examiner Name****Attorney Docket Number**

2230.0

I hereby appoint:



Practitioners associated with the Customer Number:

09748

**OR**

Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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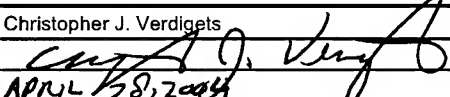
Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Christopher J. Verdige		
Signature			
Date	APR 28, 2004	Telephone	504-733-6000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 2 forms are submitted.

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<b>First Named Inventor</b>	Guernsey
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<b>Art Unit</b>	
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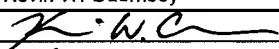
☐ The address associated with Customer Number:

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<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Kevin W. Guernsey		
Signature			
Date	4-28-04	Telephone	504-733-6000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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